

MISSOURI BOARD OF PHARMACY NEWSLETTER



JUNE 2022

PDMP UPDATE

(The following information has been provided by the Executive Director of the Joint Oversight Task Force for Prescription Drug Monitoring in the Missouri Office of Administration)

The Joint Oversight Task Force for Prescription Drug Monitoring (JOTF) created through Senate Bill 63 has been established. The JOTF consists of two members from the Board of Healing Arts; two members from the Board of Pharmacy; one member from the Dental Board; and, one member from the Board of Nursing. The JOTF members are listed below:

1. William Kane, DDS
2. Douglas Lang, RPh
3. Julie Miller, DNP, MBA, FNP-BC, CNOR, NEA-BC
4. Naveed Razzaque, MD, FACP
5. Christian Tadrus, PharmD
6. Marc Taormina, MD, FACP

The JOTF met for the first time in December at which time Dr. Razzaque was chosen as the Chair. Dean Linneman was hired as the Executive Director and began his duties in mid-April.

Per statute, a competitive bid process is required to determine the vendor for the PDMP. The JOTF is currently preparing the documents for this activity. According to the timeframes associated with a bid

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process of this size, the vendor announcement may not be possible until December 2022. Once selected, there will be an implementation period for the vendor to provide the necessary training and education for users of the system.

Rules are also being developed for the PDMP. This process will take between six and nine months to complete with the Secretary of State's office. These rules will need to be in place before the statewide PDMP can be fully operational.

All the processes mentioned above are moving simultaneously. The JOTF is hopeful the PDMP will be functioning within the first quarter of 2023. The St. Louis County PDMP will remain in operation until the statewide PDMP is available for utilization.

The JOTF would appreciate your input on the PDMP. Please send any suggestions, concerns, or questions you have to Dean Linneman (dean.linneman@oa.mo.gov).

NEW PHARMACY RULES EFFECTIVE AUGUST 30, 2022

The Board recently revised/promulgated several pharmacy rules as part of its ongoing efforts to increase patient safety, implement standards of practice, and streamline Board regulation. The summary below highlights new rule provisions that will be effective **August 30, 2022**. Licensees should review the new rule provisions in their entirety to ensure compliance:

20 CSR 2220-2.010 (Pharmacy Standards of Operation): All provisions below will be effective on August 30, 2022:

- **General Operations**: Section [20 CSR 2220-2.010\(1\)\(A\)](#) was amended to prohibit pharmacies from introducing any policies, procedures, systems, practices that jeopardize, inhibit, or threaten patient safety or the safe provision of pharmacy services. This includes enforcing any metrics, quotas, or performance/target goals that endanger safe patient care. Remember, patient safety is your first priority!
- **Staff Training/Competency**: Individuals practicing or assisting in the practice of pharmacy must be appropriately **trained** and **competent** to perform the duties assigned. The Board recommends that licensees document training and establish a plan for assessing staff's initial and ongoing competency (see 20 CSR 2220-2.200 for sterile compounding requirements)
- **Pharmacy Resources**: The following resources must be physically maintained at the pharmacy or immediately accessible electronically:
 - a. A current print or electronic edition of statutes and rules governing the pharmacy's practice, including, but not limited to, [Chapter 338](#) and [195](#), RSMo, [20 CSR 2220-2.220](#) (Board's rules) and, if applicable, BNDD rule chapter [19 CSR 30](#) governing controlled substances.
 - b. Generally recognized reference(s) or other peer-reviewed items that include the following items/topics:
 - All drugs approved by the United States Federal Drug Administration (FDA), as appropriate to the practice site. Note: This resource may be different based on the pharmacy services provided (e.g., nuclear pharmacy vs. community/ambulatory pharmacy)
 - Pharmacology of drugs



- Dosages and clinical effects of drugs; and
- Patient information and counseling

Pharmacies may maintain the above information in one or multiple references, provided the information is regularly retrievable on inspection.

- **Regulatory Sign:** All pharmacies located in Missouri must post a sign that indicates the pharmacy is licensed and regulated by the Missouri Board of Pharmacy and includes the Board's current mailing and e-mail addresses. **The required sign will be provided by the Board for free and mailed to all Missouri located pharmacies before August 30, 2022.** Pharmacies may also create their own signs or display an electronic sign, provided the sign's lettering equals or exceeds the sign issued by the Board. Electronic copies of the required Board signage will be available on the Board's website before August 30th for copying/reproduction.

The Board regulation sign must be prominently posted in close proximity to the pharmacy in a manner and location that is easily viewable and readable by the public. Electronic signs must be constantly visible by the public during the pharmacy's normal business hours. [[20 CSR 2220-2.010\(1\)\(L\)3.](#)]

- **Electronic Signage:** To accommodate technology, the "No Pharmacist On Duty" sign required to be posted when a pharmacist is not on duty can now be physically or electronically displayed. Signs must be prominently displayed on all entrances doors and the pharmacy's prescription counter. Sign lettering must be at least two (2) inches in height (paper or electronic). [[20 CSR 2220-2.010\(1\)\(A\)](#)]
- **Identification Badges:** Effective August 30, 2022, all Board licensees and registrants must wear an identification badge or a similar identifying article that identifies the licensee's/registrar's name and title when practicing or assisting in the practice of pharmacy (e.g., pharmacist, pharmacy technician, intern pharmacist). The type of ID badge/article is in the pharmacy's discretion. Reusable or hand-written badges are acceptable. At the discretion of the permit holder, the badge may include the licensee's/registrar's full name, first name and last initial, or first name (e.g., Jane Doe, Jane D., or Jane). Nicknames or initials only are not compliant. [[20 CSR 2220-2.010\(1\)\(L\)1.](#)]
- **License Posting:** In light of the ID badge requirement, [20 CSR 2220-2.010\(1\)\(L\)](#) has been amended to allow pharmacists to maintain pharmacist, intern pharmacist and pharmacy technician licenses/registrations in a central location on the pharmacy's premises along with a 2" x 2" photo (e.g., on the pharmacy wall or in a binder or cabinet). *Note: The photo requirement is new for technicians and intern pharmacists.*

Licenses/registrations must be immediately retrievable during an inspection or available to the public if requested. Licensees/registrar's working at more than one (1) pharmacy must have proof of licensure in their possession while practicing/assisting in the practice of pharmacy (e.g., wallet card, current online verification from the Board's website). By statute, the pharmacy's license must still be conspicuously posted in the pharmacy permit area [[§ 338.300, RSMo](#)]

- **Sanitation:** For sanitation purposes, pharmacy staff must wear disposable gloves when physically touching individual medication/dosage units (tablets, capsules, etc.) Gloves are not required when handling outer containers/vials/packaging, although it may be best practice in



some instances. [\[20 CSR 2220-2.010\(1\)\(I\)\]](#)

- **Medication Storage:** [20 CSR 2220-2.010\(1\)\(G\)](#) currently requires that temperatures in medication storage areas must be thermostatically controlled within appropriate temperature requirements. Beginning August 28, 2022, temperatures in drug storage areas must be recorded and reviewed at least once each day the pharmacy is in operation. This includes all rooms, areas, refrigerators, or freezers where drugs are stored. Alternatively, pharmacies may use a continuous temperature monitoring system if the system: (1) maintains ongoing documentation of temperature recordings, and (2) alerts a pharmacist when temperatures are outside of the required range and provide the amount of variance. **Real-time alerts are recommended (e.g., audible alert, electronic notification, phone call).** At a minimum, continuous monitoring systems should alert the pharmacist in sufficient time to allow the pharmacist or his/her designee to quickly respond to temperature issues to ensure drug integrity. A continuous temperature monitoring system is optional and is not required if the pharmacy otherwise records and reviews medication storage area temperatures daily.
- **Off-Site Storage:** Off-site storage facilities/warehouses used by a pharmacy to store pharmaceuticals or required/confidential pharmacy at a separate address or premises from the main facility must be equipped with a functioning alarm system. Breaches of security must be reported to the Board electronically or in writing within fifteen (15) days of the breach. Security breach notifications can be e-mailed/mailed to the Board office at: pharmacy@pr.mo.gov or 3605 Missouri Blvd., Jefferson City, Missouri 65109 (e-mails are preferred). Proof of the required notification should be kept in the pharmacy's records. [\[20 CSR 2220-2.010\(1\)\(J\)\]](#)
- **Pharmacist-In-Charge Requirements:** [20 CSR 2220-2.010\(1\)\(M\)](#) has been amended to provide that the designated pharmacist-in-charge (PIC) must be actively engaged in pharmacy activities at the pharmacy and must be physically present at the pharmacy for a sufficient amount of time as needed to effectively supervise pharmacy operations and ensure pharmacy compliance. In line with a standards-based practice approach, the Board chose not to include a uniform hour/day requirement in the rule that may not be appropriate for all pharmacies. Instead, the Board encourages PICs and permit holders to evaluate pharmacy demand/workload and engage in open dialogue to collaboratively develop a solution/work schedule. Note: The Board has raised concerns in the past with PICs being required to regularly work at other pharmacies for an extended period of time. PICs are personally responsible for pharmacy compliance along with the permit holder, and must be actively engaged in the pharmacy's activities. This cannot happen if the PIC is not physically present in the pharmacy for a sufficient amount of time to monitor and observe pharmacy operations.
- **PIC Changes:** A Change of Pharmacist-in-Charge application must now be submitted to the Board within fifteen (15) days of the PIC change. [\[20 CSR 2220-2.010\(1\)\(M\)1.\]](#) Some pharmacies have indicated finding a new PIC may take additional time and expressed concerns with adversely impacting patients if the pharmacy is forced to unexpectedly close due to a PIC vacancy (death, illness, other emergency). In response, [20 CSR 2220-2.010](#) was amended to allow pharmacies to appoint an interim supervising pharmacist for up to thirty (30) days, if a new PIC cannot be immediately designated despite reasonable diligence.

E-ALERTS

Sign up on the [Board's website](#) to receive e-alerts on Board news, compliance updates and licensing changes.



- a. For Missouri resident pharmacies, the Interim Supervising Pharmacists must hold a current and active Missouri pharmacist license. For non-resident pharmacies, the Interim Supervising Pharmacist must be licensed as a pharmacist in the state where the pharmacy is located.
- b. Written notification of an interim supervising pharmacist designation must be immediately e-mailed to the Board office at: pharmacy@pr.mo.gov or faxed to the Board office at: (573) 526-3464. Additionally, the interim supervising pharmacist must complete an Interim Supervising Pharmacist Designation form with the Board agreeing to be responsible for pharmacy compliance while serving as the interim supervising pharmacist. No fees are required for the interim supervising pharmacist designation/designation form.
- c. A documented controlled substance inventory must be taken when the interim supervising pharmacist is designated. Proof of compliance will be requested during an inspection.
- d. Interim supervising pharmacists may only serve for thirty (30) days. A Missouri Change of Pharmacist-in-Charge application must be submitted when a permanent PIC is designated. A Pharmacist-In-Charge must be officially designated with the Board after the thirty (30) day period; A new Interim Supervising Pharmacist cannot be named.
- **Mandatory Reporting:** The following notifications must be submitted to the Board electronically or in writing within fifteen (15) days of the action:
 - a. Any adverse action by another licensing state, jurisdiction, or government agency against the licensee, registrant, or permit holder, as defined/required by [§ 338.075](#).
 - b. [For pharmacies]: Any final action taken against a pharmacist, intern pharmacist, or pharmacy technician for conduct that might have led to disciplinary action under [§ 338.055](#), or resignation of a licensee/registration in lieu of such disciplinary action.

Required notifications must include the pharmacy's name and permit number, name and contact information of the person making the notification, the licensee's/registrar's name and license/registration number, date of action, and the reason for action.

- **Board Investigations/Inspections:** New section [20 CSR 2220-2.010\(7\)](#) provides licensees, permit holders and registrants must cooperate with any investigation or inspection conducted by or on behalf of the Board. Cooperation includes responding fully and promptly to questions, providing copies of records as requested, executing releases for records as requested, allowing pictures or digital image captures of any facility licensed/permitted by the Board, and appearing at interviews, hearings, or meetings scheduled by the Board or the Board's authorized designee.
- [20 CSR 2220-2.090](#) (Pharmacist-In-Charge): The rule has been significantly streamlined to eliminate unnecessary language. The rule has also been amended to emphasize the PIC's co-responsibility for managing pharmacy compliance and to ensure appropriate PIC involvement with pharmacy operations.
- Similar to 20 CSR 2220-2.010(1)(M), the amended rule provides the PIC must be actively engaged in pharmacy activities at the pharmacy and must be physically present at the pharmacy for a sufficient amount of time as needed to effectively supervise pharmacy operations and ensure pharmacy compliance (see Pharmacist-In-Charge Requirements above).
- PICs must be consulted and given an opportunity to provide input prior to implementing any policy, procedure, system, or practice that will modify or expand the delivery of pharmacy services.



- Pharmacy permit holders must provide the PIC designated time to review pharmacy compliance on a regular basis while not engaged in medication dispensing or providing patient services. The Board recommends establishing a specific day/time for the required PIC review in advance; Proof of compliance will be requested during an inspection.
- To address pharmacy working conditions, the permit holder must establish policies and procedures for regularly reviewing staffing and resource needs with the PIC, including policies and procedures for requesting additional staff or staffing modifications. The mode/method of collaboration is in the permit holder's discretion but should provide the PIC a meaningful opportunity to discuss staffing concerns/needs.
- The PIC must have authority to temporarily suspend or restrict pharmacy operations or activity if deemed reasonably necessary or appropriate to ensure pharmacy compliance or the safe provision of pharmacy services, pending final direction of approval from the permit holder. A clear and documented permit holder/PIC communication and action plan is key here and will limit pharmacy interruptions.

NEW: 20 CSR 2220-2.011 (Electronic Final Product Verification- Pharmacists)

Pharmacy practice continues to grow and expand along with available technology. After multiple years of research, consultations with other states, and open session discussions with licensees and permit holders, new rule [20 CSR 2220-2.011](#) would allow a Missouri licensed pharmacist to use an electronic verification system (EVS) to verify the accuracy of a final prescription/medication order if:

- A. The EVS allows the pharmacist to see an exact, clear, and unobstructed visual image of the filled prescription/medication order contents and the label affixed to the container. If multiple units are being dispensed, the pharmacist must be able to see and verify an image of each unit and each individual affixed label;
- B. The identity of the pharmacist responsible for verifying the final product using an EVS is documented in the pharmacy's records as required by 20 CSR 2220-2.080; and
- C. No further manipulation of the prescription/medication order occurs after the pharmacist's electronic verification is complete other than applying the required container lid or seal. For purposes of [20 CSR 2220-2.011](#), manipulation does not include preparing a finished prescription/medication order for mailing, delivery, or storage (e.g., bagging the prescription).

Pharmacy technicians and intern pharmacists assisting the pharmacist with electronic verification must be trained and competent to perform the duties assigned and must have a documented initial and annual assessment of competency using the pharmacy's approved EVS.

EVS systems must undergo initial and ongoing validation for proper functioning, as identified in the rule. Additionally, pharmacies utilizing an EVS must maintain an ongoing and documented quality assurance system that monitors system performance to ensure proper and accurate functioning.

Except as otherwise provided by law, compounded preparations cannot be verified via an electronic verification system. Compounded preparations must be personally verified by a pharmacist.

[Does this mean a pharmacy technician/intern pharmacist can fill a prescription without a pharmacist being physically present at the pharmacy?](#)

No. 20 CSR 2220-2.010 still provides a pharmacist must be physically present at the pharmacy and



supervising whenever a prescription is filled, prepared, compounded, or dispensed, except as otherwise authorized by law for Class L Veterinary pharmacies, Class F Renal Dialysis pharmacies, Class R Remote Dispensing Sites and Class Q Charitable pharmacies.

[Can the pharmacist verifying the final product using an EVS be located at another pharmacy?](#)

Yes, if the pharmacist has a current and active Missouri pharmacist license, and both pharmacies have a Class J Shared Services permit and comply with the Class J Shared services rule ([20 CSR 2220-2.650](#)). As indicated above, a Missouri licensed pharmacist must still be present and supervising at the pharmacy where the prescription is prepared/dispensed.

[Does the EVS have to show a real-time image of the prescription/medication order?](#)

This would be governed by the pharmacy's policies and procedures. Pharmacies can choose to capture a real-time, "live" image or use capture and store/forward technology, provided the prescription/image is verified by a pharmacist before dispensing.

[Can intern pharmacists approve the final visual image?](#)

No. The final visual image and affixed label must be approved by a Missouri licensed pharmacist.

[Can an EVS be used to take images of multiple prescriptions at a time \(for the same or different patients\)?](#)

This would be governed by the pharmacy's policies and procedures. However, the pharmacist MUST be able to see and verify an exact, clear, and unobstructed visual image of EACH unit and EACH individual affixed label. While not prohibited, verifying multiple images at the same time increases the risk of a dispensing error. Licensees should exercise caution here and make sure pharmacy staff are appropriately trained.

[Can pharmacy staff print the label and the pharmacist verify an image of the printed label that will be affixed to the final prescription/medication order before the prescription is dispensed?](#)

No. The EVS system has to capture an image of the label affixed to the actual prescription container/vial or package.

[Can pharmacy staff capture an image of the stock bottle/container that will be used to fill the prescription?](#)

No. [20 CSR 2220-2.011](#) provides the EVS image must show an exact, clear and unobstructed visual image of the "filled contents of the prescription or medication order." This means the medication must be in the actual prescription vial, container or packaging that will be given to the patient. Images of the stock bottle may provide another safety check, however, stock images cannot be used by themselves.

[Can pharmacists verify the final EVS image from home or outside of a pharmacy?](#)

Yes. Proper security and procedures must be in place to ensure patient confidentiality and data maintenance/integrity.

(Additional requirements/restrictions apply that are not listed above;

See [20 CSR 2220-2.011](#) for full compliance information)

NEW: 20 CSR 2220-2.012 (Technology Assisted Prescription/Medication Order Verification-Intern Pharmacists and Pharmacy Technicians)

[20 CSR 2220-2.012](#) provides a Missouri licensed pharmacist may allow an "authorized pharmacy technician" or "authorized intern pharmacist" to verify a final prescription/ medication order using a



Technology Assisted Verification System (TAVS) if:

1. The medication is a non-controlled substance and will be dispensed in the original manufacturer's unopened unit of use package, or the non-controlled medication has been repackaged in compliance with 20 CSR 2220-2.130 and previously verified by a pharmacist;
2. The authorized pharmacy technician or intern pharmacist is under the supervision of a Missouri-licensed pharmacist who is physically present within the dispensing area and able to provide immediate assistance. Unless otherwise approved by the Board for good cause, a pharmacist may not supervise more than two (2) pharmacy technicians or intern pharmacists performing TAV under the rule simultaneously;
3. The authorized pharmacy technician/intern pharmacist is competent to perform the duties assigned and has completed a documented initial and annual assessment of competency using the pharmacy's approved TAVS;
4. A pharmacist verifies the accuracy of prescription/medication order data entry prior to dispensing and completes a prospective drug utilization review. The identity of the verifying pharmacist must be recorded in the pharmacy's records as required by 20 CSR 2220- 2.080;
5. The TAVS is used to verify the proper prescription label has been affixed to the correct manufacturer unit of use package or repacked container for the correct patient;
6. No manual manipulation of the prescription/medication order occurs after the TAV occurs. For purposes of 20 CSR 2220-2.012, manual intervention does not include preparing a finished prescription/medication order for mailing, delivery, or storage (e.g., bagging); and
7. The identity of the authorized pharmacy technician or intern pharmacist performing the TAV and the supervising pharmacist is documented in the pharmacy's records.

A TAVS is defined as:

An electronic system that utilizes barcode technology or another electronic process/method to electronically verify the final medication prescription or medication order has been properly dispensed and to electronically verify the prescription/medication order has been properly labeled for the correct patient.

An authorized intern pharmacist is defined as "an individual who holds a current and active Missouri intern pharmacist license and has completed employer-approved training in technology assisted verification using the pharmacy's approved technology assisted verification system". An "authorized pharmacy technician" is defined as a currently registered Missouri pharmacy technician who:

1. Holds an active pharmacy technician certification issued by a certification entity accredited by the National Commission for Certifying Agencies;
2. Has completed employer-approved training in technology assisted verification using the pharmacy's approved technology assisted verification system; and
3. Has assisted in the practice of pharmacy as a registered/licensed pharmacy technician in the state of Missouri or another U.S. state or territory for a minimum of one (1) year.

As indicated above, authorized pharmacy technician/intern pharmacist must be competent to perform the duties assigned and must have completed a documented initial and annual assessment of competency



using the pharmacy's approved TAVS. Use of a TAVS is only authorized if allowed by a Missouri licensed pharmacist, even if the intern pharmacist/pharmacy technician meets the above requirements.

TAV systems must undergo initial and ongoing validation for proper functioning, as identified in the rule. Pharmacies must also maintain an ongoing and documented quality assurance system that monitors the system's performance to ensure proper and accurate functioning. Additionally, a pharmacist must conduct daily random quality testing on at least 2% of prescriptions/medication orders verified via a TAVS on the last day of system operations.

[Does this mean a pharmacy technician/intern pharmacist can fill a prescription without a pharmacist being physically present at the pharmacy?](#)

No. [20 CSR 2220-2.012](#) expressly provides authorized pharmacy technicians and intern pharmacists must be under the supervision of a Missouri-licensed pharmacist who is physically present within the dispensing area and able to provide immediate assistance.

[Can an authorized pharmacy technician or intern pharmacist use a TAVS for other prescriptions?](#)

No. Authorized pharmacy technicians and intern pharmacists may only use a TAVS to verify non-controlled medication that will be dispensed in the original manufacturer's unopened unit of use package, or medication that has been repackaged in compliance with [20 CSR 2220-2.130](#) and previously verified by a pharmacist.

[Can an authorized pharmacy technician or intern pharmacist use a TAVS to verify controlled substances?](#)

No. [20 CSR 2220-2.012](#) applies to non-controlled medication only.

[Does a pharmacist still have to verify the final product if the product is verified by an authorized pharmacy technician/intern pharmacist using a TAVS?](#)

No, if pharmacy staff complies with [20 CSR 2220-2.012](#), and a pharmacist has verified the accuracy of prescription/medication order data entry before dispensing and completed a prospective drug utilization review.

(Additional requirements/restrictions apply that are not listed above;
See [20 CSR 2220-2.012](#) for full compliance information)

IT'S TIME TO RENEW:

2022 is a pharmacist renewal year. Renewals will be mailed around August 1, 2022, and must be completed/submitted before October 31st. Pharmacists must have thirty (30) hours of continuing education (CE) to renew. CE must have been earned between November 1, 2020, and October 31, 2022, however, CE must be completed before you renew. Up to a \$1,000 delinquency fee will apply for late/delinquent CE.

****New pharmacist licenses issued by the Board on or after November 1, 2021 are exempt from CE for the 2022 renewal period. See rule [20 CSR 2220-7.080](#) for complete CE requirements; A CE chart is also available in the [February 2022 newsletter](#).**



UPCOMING BOARD MEETINGS

- July 13-14, 2022
- August 17, 2022
- September 21, 2022
- October 26-27, 2022
- November 16, 2022
- December 14, 2022

***Meeting dates may change; Monitor the Board's [website](#) for updates and virtual participation options.*

UPCOMING "LUNCH WITH THE CHIEF" INSPECTOR WEBINARS

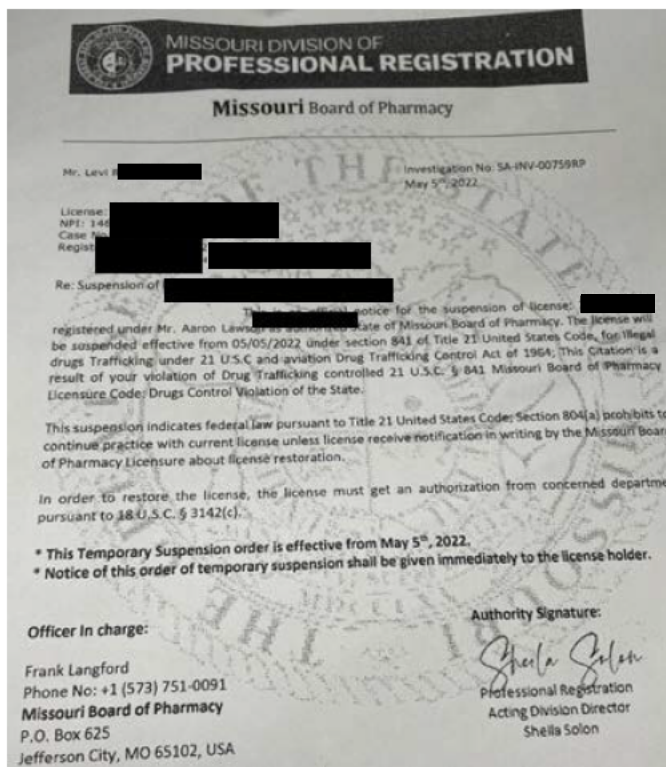
- July 28, 2022 - Rule Revision Update
- August 11, 2022 Legislative Update
- September 15, 2022 – Sterile Compounding Update
- October 13, 2022 – Compliance Update/Question & Answer Session

***Webinars are approved for free Missouri pharmacist continuing education (CE).*



BEWARE OF SCAMS

Licensees have notified the Board office of scams involving individuals purporting to be Board Inspectors or with the Board office, and asking for money or other personal information. In some instances, the caller ID reportedly indicated “Missouri Board of Pharmacy” or the caller identified themselves by an actual Board member’s or Board Inspector’s name. The Board also received a copy of a FRAUDULENT letter that appears to be on Board letterhead



A few Board tips:

- The Board does not have fine authority and will NEVER contact licensees to ask for credit card information over the phone.
- When in doubt, hang up and call the Board office using the Board’s official phone number on the Board’s website: 573-751-0091. Office staff is aware of the scams and will understand if you need to call us back.
- Know your Inspectors. Inspector information is listed below and on the Board’s website by territory at: <https://pr.mo.gov/pharmacists-board-information.asp> (Meet them on the next page!)



KNOW YOUR INSPECTOR



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(Visit the Board's [website](#) for Inspector territories by county/zip code).



BOARD GUIDANCE ON NATIONAL SHORTAGE OF IODINATED CONTRAST MEDIA

The Board recently promulgated an emergency rule amendment for 20 CSR 2220-2.200 to address the national shortage of iodinated contrast media effective. Specifically, the emergency amendment allows pharmacists to compound and provide iodinated contrast media to/for other pharmacies, practitioners, or entities without a patient specific prescription/order for dispensing or administration if the medication is compounded in a Class H Sterile Compounding Pharmacy in compliance with [20 CSR 2220-2.200](#). The emergency allowance will expire on December 17, 2022.

The full text of the emergency rule is available on the Missouri Secretary of State's website at: [20 CSR 2220-2.400 Compounding Standards of Practice](#). The Board also issued an [e-alert](#) that is available on the Board's [website](#) with additional guidance on compounding, repackaging and distributing iodinated contrast media during the national shortage.

GOLD CERTIFICATES:

Congratulations to our newest "gold certificate" pharmacists who will have maintained a Missouri pharmacist license for 50 years:

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| James M | Arnott |
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| James L | Barnes |
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| John R | Flow |
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| Wayne R | Muentnich |
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| John C | Resch |
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DISCIPLINARY ACTIONS

PHARMACISTS:

Bell, Crystal L., #2004034219, Tallula, IL. Public Censure. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2(3), (5), and (6), RSMo.

Bozikis, Teresa A., #044498, St. Louis, MO. Public Censure. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2(3), (5), and (6), RSMo.

Ensley, Amy J., #2017005782, Ozark, MO. Three (3) Years Probation. As pharmacist-in-charge, diverted opiates, benzodiazepines, and muscle relaxers for personal use and consumption from the pharmacy without a valid prescription, dispensed a controlled substance to herself under a refill added without prescriber authorization. Section 338.055.2 (1), (5), (6), (13), (15) and (17), RSMo.

Hofherr, Mara, L., #2017025946, St. Louis, MO. Public Censure. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2(3), (5), and (6), RSMo.

Magdalena A. Clark, #2019039396, Edwardsville, IL. Voluntarily surrendered. As pharmacist, failure to provide documentation and to maintain records demonstrating completion of required continuing education hours. Section 338.055.2(3), (5), and (6), RSMo.

PHARMACIES:

Earl Veterinary Supply Inc., #2014004560, Fayette, MO. One (1) Year Probation. Violated previous disciplinary order. Failed to renew permit and shipped 4 prescriptions prior to renewing the permit. 338.055.3 RSMo.

Hy-Vee Food And Drug Store, 004939, Raytown, MO. Public Censure. Multiple controlled substance losses, failure to implement effective security controls. Section 338.055.2(5), (6), (13), and (15), RSMo.

Lakeland Pharmacy #3, #2006027988, Crane, MO. Publically Censured. Loss of controlled substances due to failure to maintain security for controlled substances sufficient to guard against theft and diversion. Section 338.055.2(6) and (15), RSMo.

United Scripts LTC LLC., #2012030984, St. Louis, MO. Two (2) years probation. Multiple losses of controlled substances; failed to maintain adequate security to deter theft of drugs by personnel; and unable to maintain accurate controlled substance records. Section 338.055.2(5), and (6), RSMo.